1	DATE		AN PER DEPENDANCE OF THE PROPERTY OF THE PROPE						Application or Docket Number					
	PAIE	CLAIMS AS FILED - PART I (Column 1) (Column 1) (Column 2) (Column 2) (Column 3)												
l	10-1							SMALL	ENTI	ry				7
Ir	TOTAL CLAI	MS	(Colui	(Column 1)		(Column 2)		TYPE				SMALI	L ENTITY	
FOR		ARBIO	NUMBER FILED				RATE		EE		RATE	FEE		
╟	TOTAL CHARGEABLE CLAIMS					NUMBER EXTRA		BASIC F	EE 15	0.00	OR	BASIC FE	E 300.0	0
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!⊢	AULTIPLE DES		minus 3 =				X100:			OR	X200=		7	
L								+180=			OR	+360=		7
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	_		OR	TOTAL	 	-{
						O , 1	OTHER	THAN	-					
Γ	1/2/	(Column 1)	1.	(Colum		(Column 3)	1 -	SMAL		<u> </u>	OR.	SMALL		
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8		CLAIMS REMAINING AFTER		HIGHE	R	PRESENT	Γ		ADD		F		ADDI-	1
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If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than the 20 and 100 ITOTAL.												TOTAL		
81	une uniquestikm	mber Previously Paid ber Previously Paid	d For IN THIS	SPACE in las	e than 5			T. FEE L	oorista s	-	ADC	OTT. FEE		
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